

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012224

STATE FILE NUMBER

FILED APR 16 1959

Registration District No.

13

Primary Registration District No.

3003

Registrar's No.

57

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN RR 2 Monett,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincents Hosp.		d. STREET ADDRESS (If outside, give location) 5 mi Southwest of Monett, Mo.	
3. NAME OF DECEASED (Type or print) Peter August Bruenn		4. DATE OF DEATH Month 3 Day 26 Year 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/29/1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Barry County, Mo.	
13a. FATHER'S NAME Fred Bruenn		14. NAME OF HUSBAND OR WIFE Mollie Bruenn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address Mrs. Mollie Bruenn RR2 Monett, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) Massive Vascular Disease of long standing Duration PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4261
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from _____ to _____ and last saw her alive on 3-26-59 Death occurred at 3:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Charles H. Price M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/30/1959	
23c. NAME OF CEMETERY OR CREMATORY St. Peters & Pauls		23d. LOCATION (City, town, or county) (State) Barry County, Mo.	
24. FUNERAL DIRECTOR Wm. J. Wessell		25. DATE RECD. BY LOCAL REG. 4-8-59	
26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook			

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by~~212~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. *42*.....

P. O. Address *[Address]*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.